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SCHOOL NURSING IN TORONTO, CANADA

By LINA L. ROGERS, R.N.
Superintendent of School Nurses

Fourth Paper

(*Continued from page 209*)

CARDS AND CHARTS

No. 1.*

PUPIL'S REFERENCE TO MEDICAL INSPECTOR

.....191....

Room .....Teacher .....

Name .....

Address .....

Referred to Medical Inspector.....

.....

Disease .....

Referred to Family Physician
Hospital or Dispensary
School Nurse
Family Dentist
Dental Clinic

.....

Medical Inspector.

No. 2 (yellow card).

PARENT'S NOTIFICATION

Mr..... .....191....

Dear Sir:—I have this day examined.....

.....a pupil in.....School,

and find that....he has.....

You are urgently advised to take your child to your family physician for treatment. Have card signed and return to school.

....

Principal Medical Inspector

I have examined the above named child and have begun treatment.

....

Dispensary Physician Family Physician

.....191.... .....

Family Dentist

---

* Each card or chart has the heading: Board of Education, Toronto, Department of Medical Inspection.

No. 3. PARENT'S REQUEST TO NURSE

The parent or guardian of.....

living at .....

requests that the School Nurse take said child to a hospital or dispensary for treatment.

Name of parent or guardian.....

Address .....

.....191.... .....

School Nurse

No. 4. REQUEST FOR CONSULTATION

.....Public School

To parent or guardian of

.....

Examination of your child by the School Medical Inspector shows that....he needs medical attention.

Please call at school at.....o'clock

.....and see the School Nurse.

.....

Medical Inspector.

.....

Principal.

.....191....

No. 5. PARENT'S REQUEST TO MEDICAL INSPECTOR

.....191....

I hereby authorize Dr.....Medical Inspector to vaccinate .....

.....

my child or ward.

.....

Parent or Guardian.

VACCINATION IS NON-COMPULSORY.

No. 6. INSTRUCTIONS TO PARENTS

TO REMOVE AND PREVENT VERMIN IN THE HAIR

Mix thoroughly equal parts of kerosene oil and sweet oil. Saturate hair and cover the head with a towel, for at least six hours.

Remove towel and comb hair thoroughly with fine tooth comb. Finally wash with plenty of hot water and castile soap. A teaspoonful of washing soda (sodium carbonate) added to each quart of water will aid in removing the oil. Rinse well and dry the head carefully.

The above treatment will prevent nits.

All school children should have their hair combed daily with a fine tooth comb.

No. 7 (orange card).

REPORT OF SUSPECTED CONTAGIOUS DISEASE

School..... .....191....

Address .....

Name..... Age.....

Excluded for suspected.....

Result .....

.....

Medical Inspector.

No. 8 (blue card).

PUPIL'S EXCLUSION

.....191....

School..... Room.....

Name..... Age.....

Address .....

Is excluded from school until.....191....

Reason .....

.....

(See other side.) *Medical Inspector.*

Reverse of blue card.

NOTICE TO PARENTS

The disease mentioned on the other side of this card is a contagious affection, and liable to be transmitted to other children.

The child must not be allowed to play with other children.

All children IN THE SAME HOUSE are excluded from school for the same time as this child, unless one of them develops the disease; in such case all are excluded for.....weeks from the beginning of the last one's illness.

The child should return to school after the quarantine card has been removed from the house, or on.....191....if the house has not been quarantined, for re-examination by the Medical Inspector.

If found free from disease....he may return to the class-room.

No. 9 (red card).

NURSE'S REPORT TO DENTAL CLINIC

.....191....

This certifies that .....
is recommended to the Dental Clinic for free treatment.

.....

School Nurse.

No. 10a

MEDICAL INSPECTOR'S RECORD

Name.....

Address..... Age.....

School.....Class.....Date.....

1	DEFECTIVE VISION	GLASSES	
		MEDICAL	
2	EYE DISEASE		
3	DEFECTIVE HEARING		
4	EAR DISEASE		
5	DEFECTIVE NASAL BREATHING	OPERATIVE	
		MEDICAL	
6	HYPER-TROPHIED TONSILS	OPERATIVE	
		MEDICAL	
7	ENLARGED GLANDS		
8	PULMONARY DISEASE		
9	CARDIAC DISEASE		
10	CHOREA		
11	EPILEPSY		
12	ORTHOPEDIC DEFECT	MEDICAL	
		PHYSICAL CULTURE	
13	MALNUTRITION		
14	VACCINATION	PRIMARY / REVACCINATION	
15	DEFECTIVE TEETH	EXTRACTION	
		FILLING PRIMARY	
		FILLING SECONDARY	
16	DEFECTIVE PALATE		
17	CHRONIC SKIN DISEASE		

.....

MEDICAL INSPECTOR

Inspector must forward this slip to Department of Medical Inspection when case is terminated.

No. 10b

NURSE'S RECORD COPY

NURSE

Name.....

Address.....Age.....

School .....Class.....Date.....

INSPECTOR

			TERMINATION	
1	DEFECTIVE VISION	GLASSES		1
		MEDICAL		
2	EYE DISEASE			2
3	DEFECTIVE HEARING			3
4	EAR DISEASE			4
5	DEFECTIVE NASAL BREATHING	OPERATIVE		5
		MEDICAL		
6	HYPER-TROPHIED TONSILS	OPERATIVE		6
		MEDICAL		
7	ENLARGED GLANDS			7
8	PULMONARY DISEASE			8
9	CARDIAC DISEASE			9
10	CHOREA			10
11	EPILEPSY			11
12	ORTHOPEDIC DEFECT	MEDICAL		12
		PHYSICAL CULTURE		
13	MALNUTRITION			13
14	VACCINATION { PRIMARY / REVACCINATION			14
15	DEFECTIVE TEETH	EXTRACTION		15
		FILLING { PRIMARY / SECONDARY		
16	DEFECTIVE PALATE			16
17	CHRONIC SKIN DISEASE			

CONSULTATIONS					Terminated	19
HOME VISITS						
DISPENSARY						

NURSE

.....

MEDICAL INSPECTOR

Nurse must forward this slip to Department of Medical Inspection when case is terminated.

No. 12

DAILY REPORT

.....191....

.....
School Nurse.

Time	SCHOOL	Inspections / Cases	SUSPECT EXCLUSIONS							INSTRUCTIONS AND TREATMENTS											TOTAL		VISITS	
			Diphtheria	Scarlet Fever	Measles	Chicken Pox	Pertussis	Parotitis	TOTAL	Tuberculosis	Pediculosis	Acute Tonsillitis	Acute Conjunctivitis	Trachoma	Ringworm	Scabies	Impetigo	Favus	Carious Teeth	Miscellaneous	Instructions	Treatments	Home	Disc.
		Instructed																						
		Treated																						
		Instructed																						
		Treated																						
		Instructed																						
		Treated																						
		Instructed																						
		Treated																						
		Instructed																						
		Treated																						
Found During Visits																								
TOTAL																								

REVERSE OF No. 12

12

VISITS

DATE	SCHOOL	NAME	AGE	ADDRESS	DISEASE	RESULTS

.....191....

No. 13

CLASS RECORD

.....

School Nurse

School..... Room..... Class.....

DATE	NAME	DISEASES	ADDRESS	ROUTINE INSPECTIONS	TERMINATED

REVERSE OF No. 13.

NAME	DATE					TREATMENTS

No. 14.

DAILY REPORT

....191....

.....
Medical Inspector

Time	SCHOOL	Inspections	Cases	EXCLUSIONS							EXCLUDED OR TREATED										TOTAL		PHYSICAL EXAMINATIONS				Vaccinations	Home Visits
				Diphtheria	Scarlet Fever	Measles	Chicken Pox	Pertussis	Parotitis	Suspect Exclusions	Tuberculosis	Acute Coryza	Acute Tonsillitis	Acute Conjunctivitis	Trachoma	Ringworm	Scabies	Impetigo	Favus	Miscellaneous	Found	Excluded	Number Made	Number of Defects Found	Number with Defective Teeth only	Number Normal		
Arr.			Found																									
Dep.			Excluded																									
Arr.			F.																									
Dep.			Ex.																									
Arr.			F.																									
Dep.			Ex.																									
Arr.			F.																									
Dep.			Ex.																									
Arr.			F.																									
Dep.			Ex.																									
Unreported Cases found among Absentees																												
TOTAL																												

REVERSE OF No. 14

EXCLUSIONS FROM SCHOOL

SCHOOL	NAME	ADDRESS	AGE	DISEASE	ACTION TAKEN
		Absentees Visited			

No. 15 (blue)

PUPIL'S PHYSICAL RECORD

..... 191....

..... *Medical Inspector.*

Name ..... Born ..... Nationality of Father ..... Mother .....

O placed in square means absence of defect; X denotes defect.

1. School Year	1		2		3		4		5		6		7		8		9		10		
2. School Term	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
3. Class																					
4. Date of examination																					
5. Diseases during term																					
6. Vaccination { Primary / Re-vaccination																					
7. Defective vision																					
8. Defective hearing																					
9. Defective nasal breathing																					
10. Hypertrophied tonsils																					
11. Defective teeth																					
12. Defective palate																					
13. Enlarged glands																					
14. Pulmonary disease																					
15. Cardiac disease																					
16. Chorea																					
17. Epilepsy																					
18. Orthopedic defect																					
19. Malnutrition																					
20. Height																					
21. Weight																					
22. Chest measurement																					
23. Mentality																					
24. Miscellaneous																					

Record of treatment obtained

PUPIL'S SCHOOL RECORD

Reverse of No. 15 (blue)
Parent

Employment Certificate No.

Attended.....days from 13th birthday to end of term.

Number	Street	Number	Street

School	School Year	Date Entered	Class	Pres't	Abs'nt	Late	Con-duct	Work	Effort	Proficiency	Special Aptitudes	Not Proficient in
		Dy.Mo.Y.										

DAILY REPORT

No. 6

.....191.....

.....
Dental Inspector.

SCHOOL	Class	Age	Inspections	No. Having Perfect Mouths	No. Using Brush Daily	No. Having Tooth-ache	No. Having En-larged Glands	No. Having Fillings	PERMANENT TEETH								TEMPORARY TEETH				ABILITY TO MASTICATE				CLEANLI-NESS OF MOUTH			MIS-CELLA-NEOUS
									No. of Children	No. of Teeth Irregular	Molars Decayed	Molars Lost	No. of Cavities	No of Fillings	No. of Abscesses	Total Lost	No. of Cavities	No of Fillings	No. of Abscesses	No. Prema-turely Lost	Good	Fair	Poor	Nil	Clean	Fair	Unclean	
TOTALS																												

SPECIAL WORK

No. 11.

NOTIFICATION OF CONTAGIOUS DISEASE

Toronto,.....191....

Principal.....School.

We have been notified by the Board of Health that there is a case of

.....in.....School district.

Patient's Name.....

Address.....

W. E. STRUTHERS, M.D.,
Chief Medical Inspector.

BELIEVE IN SUCCESS

(From George Lawrence Parker's "Simple Thoughts on Great Subjects" in November *St. Nicholas.*)

No thought is quite so big as the thought of success; nor does any idea keep after us quite so persistently. It will not do to deceive ourselves by saying that we do not care for success. That will not do at all. So, right after the beginning of our talk together, let us say at once that we believe in success, that we cannot entirely trust the people who say that success make no difference, and even if we fail in many things, nevertheless we want our very failures to be successes. We may say it is better to have tried and failed than never to have tried at all, and in saying that, we still have at the bottom of it the real idea of success. The same thing is seen in that well-known line of Robert Browning's, "Not what a man does but what a man would do—that exalt him." That is, success holds on to a person who really holds on to success, until it finally raises him to its own level. The appearances may show failures and half successes, but success finally crowns the man who holds fast. We reach our "would-do."